



PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of )

Gunter Brune et al. )

Serial No: 09/934,370 )

Filed: August 22, 2001 )

For: LOCATING ARRANGEMENT AND METHOD )  
USING BORING TOOL AND LOCATING )  
SIGNALS )

Examiner: Reena Aurora

Art Unit: 2862

Attorney Docket: DCI-21

Date: October 6, 2003

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TECHNOLOGY CENTER 2800

**CERTIFICATE OF MAILING** I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on **October 6, 2003**.

Signed: 

Jay R Beyer

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SIR: Transmitted herewith is an Amendment for the above application.

- ☒ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established  
☒ No additional fee is required.  
☒ **Postcard included**

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		NON- SMALL ENTITY	
					Rate	Additional Fee	Rate	Additional Fee
Total Claims	* 45	Minus	**47	0	x 9	\$ 0	x 18	\$
Indep. Claims	* 5	Minus	*** 5	0	x 43	\$ 0	x 86	\$
<b>First Presentation of Multiple Dependent Claim(s)</b>					+145	\$	+290	\$
					Total	\$ 0	Total	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

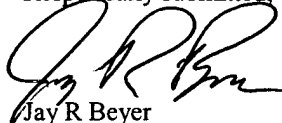
Applicant(s) hereby Petition(s) for an Extension of Time of \_\_\_\_\_ month(s) pursuant to 37 C.F.R. § 1.136(a).

Please charge my Deposit Account No. **19-1685 (Order No. DCI-21)** the amount of \$\_\_\_\_\_ to cover the additional claims fee. **A duplicate copy of this sheet is enclosed.**

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **19-1685 (Order No. DCI-21)** (**a duplicate copy of this sheet is enclosed**):

- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.  
☒ Any extension or petition fees under 37 C.F.R. § 1.17.

Respectfully submitted,

  
Jay R Beyer

Registration No. 39,907